


Substitute for form 1449A/PTO INFORMATION DISCLOSURE  STATEMENT BY APPLICANT (use as many sheets as necessary)		COMPLETE IF KNOWN	
		Application Number	To be assigned 10/764,229
		Filing Date	
		First Named Inventor	Dube, et al.
		Group Art Unit	
		Examiner Name	
Sheet	1	of	2
		Attorney Docket Number	MC073YP

[illegible][illegible]

Examiner Signature	/Robert Balls/	Date Considered	06/12/2006
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450. Computer generated form * IDS Form* (IDS Folder), Merck & Co., Inc., -7/12/2005